

Supplies, Equipment and Assistive Technology

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Definition

Supplies, Equipment and Assistive Technology means medical supplies and equipment and specialized appliances, devices, or controls necessary for the personal care of a HASCI Waiver participant or to increase his or her ability to perform activities of daily living or interact with others. It includes items needed for life support and ancillary supplies and equipment necessary for the proper functioning of such items. Excluded are items not of direct medical or remedial benefit to the participant.

The service may also include temporary rental of an item, follow-up inspection after items are received, training in use of equipment/assistive technology, repairs not covered by warranty, and batteries/replacement parts for equipment or AT devices not covered by warranty or any other funding sources.

Items funded by the HASCI Waiver may be in addition to supplies and equipment furnished under the Medicaid State Plan or which are not available under the Medicaid State Plan.

Service Unit

The unit for Supplies, Equipment and Assistive Technology is the specific item or service authorized (supply, product, piece of equipment, AT device, follow-up review, training, repair, replacement part, etc.).

There is no set rate for Supplies, Equipment and Assistive Technology, as the item or service must be individually priced.

Service Limit / Restrictions

There are no specific limits for Supplies, Equipment and Assistive Technology. The item or service must be justified by the participant's documented need for it and lack of other funding sources. The most economical alternative to adequately meet the participant's need must be identified.

Luxury and/or experimental items cannot be funded by the HASCI Waiver.

Where there are lower tech equipment or assistive technology options for meeting a need, those options must be ruled out prior to pursuing higher tech equipment or assistive technology.

Exercise/Rehabilitation Equipment and high tech wheelchair components such as wheelchair standing mechanisms are excluded from this service.

Supplies, Equipment and Assistive Technology must meet applicable standards of the manufacturer, design, installation, and use.

The HASCI Waiver is not responsible to fund the **repair of and/or replacement parts (including batteries) for equipment or AT devices obtained through other funding sources or privately purchased** by or for the participant. Such a request will be considered only if there is documentation that all of the following conditions are met:

- a participant's safety is in jeopardy because the item requires repair/replacement part(s), and/or
- the item is medically necessary for the participant's health/personal care or is otherwise justified as essential, and
- there is no other alternative to address the participant's need for the item or to pay for its repair and/or replacement part(s), and
- it is more cost-effective to fund repair of the item and/or replacement part(s) than to replace the item through the HASCI Waiver (if this would be allowed).

In accordance with the South Carolina Consolidated Procurement Code, SCDDSN directive 250-08-DD, *Procurement Requirements for Local DSN Boards*, applies to all procurement activities supported in whole or in part by SCDDSN funding, including Supplies, Equipment and Assistive Technology funded by HASCI Waiver. Providers contracted with SCDDSN must establish and follow procurement policies and procedures with requirements at least as restrictive as those contained in this directive. Directive 250-08-DD can be accessed on the SCDDSN website: www.ddsn.sc.gov >About DDSN >Directives and Standards >Current DDSN Directives

Note: For waiver participants under the age of 21, all requests for Specialized Medical Equipment, Supplies and Assistive Technology must be reviewed for State Plan Medicaid funding under Early Periodic Screening, Diagnostic, and Treatment (EPSDT). If the request is determined to not meet EPSDT guidelines, but does provide a specific, direct benefit to the participant (i.e. enable him/her to overcome a barrier clearly linked to his/her disability) and eliminate/reduce the need for either Children's Personal Care or another direct care service, the request can be reviewed for waiver funding.

Providers

Supplies, Equipment and Assistive Technology may be provided by the following:

- Provider enrolled with SCDHHS as a Durable Medical Equipment (DME) provider
A DME provider enrolled with SCDHHS must directly bill SCDHHS; it cannot bill to a participant's SCDDSN Financial Manager agency
- DSN Board or DDSN-contracted provider. The provider may employ or contract with the following, but is responsible to verify and document licensure:
 - Contractor licensed by the South Carolina Department of Labor, Licensing and Regulation (LLR) that is not enrolled with SCDHHS as a DME provider
 - Provider with a retail or wholesale business license that is not enrolled with SCDHHS as a DME provider

The provider may employ or contract with the following for follow-up inspection or training for use of medical equipment and assistive technology; the provider is responsible to verify and document licensure or certification:

- Licensed Occupational Therapist
- Licensed Physical Therapist
- Rehabilitation Engineering Technologist (RET) certified by Rehabilitation Engineering Society of North American (RESNA)
- Assistive Technology Practitioner (ATP) certified by Rehabilitation Engineering Society of North American (RESNA)
- ATP Supplier certified by Rehabilitation Engineering Society of North American (RESNA)
- Environmental Access Consultant/contractor certified by Professional Resources in Management (PRIME)

Arranging and Authorizing the Service

After a need has been identified and documented in the participant's Support Plan, the Waiver Case Manager must first determine if the needed supplies, equipment, or AT device can be obtained through the participant's private insurance, Worker's Compensation, Medicare, or Medicaid State Plan. The Waiver Case Manager must document in a Case Note efforts to obtain the item(s) through other funding sources available to the participant. If not available from these sources, Supplies, Equipment, and Assistive Technology funded by HASCI Waiver can be pursued.

For some equipment and assistive technology requests, it may be necessary or preferable to get a participant assessment through Occupational Therapy and/or Physical Therapy funded by the HASCI Waiver instead of a Supplies, Equipment and Assistive Technology provider.

Medicaid State Plan includes Durable Medical Equipment (DME) available to all Medicaid recipients and covers some types of supplies and equipment when ordered by a physician. DME must be obtained through a provider enrolled with SCDHHS as a DME Provider, which must initiate the SCDHHS Medicaid Certificate of Medical Necessity (CMN) form and obtain justification from the participant's physician. The CMN is valid for up to 12 months.

Examples of items covered under DME are hospital beds, manual and power wheelchairs, walkers, shower chairs, braces, respiratory equipment, oxygen, catheters, urine collection bags, tube feeding supplies and liquid nutrition, wound care supplies, etc.

To determine if a supply or item is covered by Medicaid State Plan, the Waiver Case Manager must consult the *Medicaid Provider Manual for Durable Medical Equipment*, which can be accessed on the SCDHHS website: www.scdhhs.gov. Equipment and supplies are listed in Section 4, "Procedure Codes". If a procedure code is not listed, the item is not covered.

(A DME provider can assist in identifying the appropriate procedure code to be researched).

There may be a limit on the amount/frequency of specific supplies and other DME items funded by Medicaid State Plan. In most circumstances, a DME provider can obtain special authorization from SCDHHS to exceed DME amount/frequency limits if justified by medical necessity. This must be pursued before Supplies, Equipment and Assistive Technology funded by HASCI Waiver can be authorized to augment DME supplies and items.

If a participant's private insurance/Workers Compensation/Medicare/ Medicaid State Plan covers only part of the cost of supplies, equipment, or assistive technology, HASCI Waiver cannot fund the remainder of the cost or a required co-payment.

Most HASCI Waiver participants can access a suitable manual or power wheelchair through private insurance/Workers Compensation/Medicare/ Medicaid State Plan. If a discrete wheelchair feature or accessory is needed by the participant but not funded by other sources, it can be pursued through the HASCI Waiver.

If a conventional manual or power wheelchair cannot be obtained from any other source(s), it can be pursued through the HASCI Waiver. Super “high tech” wheelchairs, including wheelchairs with standing components, cannot be funded by the HASCI Waiver, as there are less-costly alternatives to meet mobility needs.

When justified to assure health and safety, a back-up manual wheelchair may be funded through the HASCI Waiver if it cannot be obtained through any other funding source(s).

State procurement policy must be followed as appropriate:

- For any single item costing \$2500 or less, it is only necessary to get one (1) price quote from a qualified provider or provider chosen by the participant or representative. Solicitation of the price quote may be written or verbal. The price quote submitted may be verbal, but it must be documented in a Case Note. If the price quote is written, it must be maintained in the participant’s record.
- For any single item costing \$2500.01 to \$10,000, the participant or representative must select at least three (3) qualified providers to give a price quote. Solicitation of bids may be verbal (i.e. requesting bids can be done verbally) but must be carefully documented in the record. The quotes themselves must be written and should indicate the pre-tax amount so as to allow comparison of pricing between providers, independent of tax rates specific to location. The provider with the lowest price quote (pre-tax amount) that meets all specifications for the item must be selected.
- For any single item costing \$10,000.01 or more, procurement must be advertised in the South Carolina Business Opportunities (SCBO) magazine and/or local newspapers. At least three (3) written bids must be requested in writing from different qualified providers. All bids received from qualified providers must be maintained in the participant’s record. The providers with the lowest bid (pre-tax amount) that meets all specifications for the item must be selected.

The participant’s Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency, and duration of the service, and the provider type. In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division. **Copies of the price quotes or bids (or other documentation) must be forwarded to the Waiver Administration Division along with the request.**

Upon approval, the Waiver Case Manager must enter the service into the Service Tracking System (STS).

Following approval of the service by the Waiver Administration Division, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in a Case Note.

To initiate the service following approval from the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. Ongoing services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

Billing

If the authorized provider is enrolled with SCDHHS as a DME provider, the item or service must be Direct-billed to SCDHHS. This must be indicated on the authorization.

If the authorized provider is a DSN Board or other DDSN-contracted provider, the service must be Board-billed to the participant's SCDDSN Financial Manager agency. This must be indicated on the authorization. If the provider of a Board Billed service is not directly enrolled as a Medicaid Provider and is not on the DDSN QPL but will be invoicing the financial manager for services, the "non-shareable" indicator should be selected when authorizing the service and the authorization can be printed and faxed to the provider.

- The Financial Manager agency is responsible for maintaining documentation that service was rendered as billed.
- The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10, Section 10-14.*

Monitorship

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service

providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider(s).

Monitoring should be conducted within two (2) weeks of receipt of one-time items.

Some questions to consider during monitorship include:

- Did the participant receive the item(s)?
- What is the benefit of the item to the participant?
- Is the item being used as prescribed?
- Is the participant satisfied with the provider?
- Is the provider responsive to the participant's needs?
- Has the participant's health status changed since the last monitoring? If so, do all authorized supplies need to continue at their current amounts and frequencies?
- Are the specific brands appropriate for the participant's needs, or does a change need to be made?
- Are additional supplies needed at this time? Are there any new needs?
- Does the participant receive his/her monthly supplies in a timely manner?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must

provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. The service must be updated in the Service Tracking System (STS) by the Waiver Case Manager as necessary.